

APPLICATION FOR SALVAGE CERTIFICATE OR NONREPAIRABLE VEHICLE CERTIFICATE

 \square ORIGINAL \square DUPLICATE

COMPLETE ONLY SECTION 1 OR SECTION 2 WITH SECTION 3

SECTION 1 — SALVAGE	E CERTIFICATE						
/EHICLE LICENSE NUMBER	MAKE OF VEHICLE	MAKE OF VEHICLE YEAR		VEHICLE IDENTIFICATION NUMBER (VIN)			
STATE OF LAST REGISTRATION	DATE REGISTRATION EX	DATE REGISTRATION EXPIRES		CLAIM NUMBER			
COST/VALUE	DATE WRECKED OR DES	DATE WRECKED OR DESTROYED			DATE RECOVERED		
The undersigned certifies th salvage, and requests the Essued for a stolen vehicles.	Department of Motor Vel	nicles to issu	ie a Salvage Certi	ificate. NOTE: A	Salvage Certifica	ite cannot b	
DATE	SIGNATURE OF APPLICA	SIGNATURE OF APPLICANT OR AUTHORIZED AGENT					
	X						
PRINTED NAME OF INSURANCE COMPA	ANY OR APPLICANT			DL OR ID	DL OR ID NUMBER (IF APPLICABLE)		
STREET ADDRESS			CITY		STATE	ZIP CODE	
PRINTED NAME OF AGENT (IF APPLICABLE)				OCCUPATIONAL LICENSE NUMBER (IF APPLIC		(IF APPLICABLE)	
SECTION 2 — NONREP	AIRABLE VEHICLE C	ERTIFICAT	E	<u>'</u>			
/EHICLE LICENSE NUMBER	MAKE OF VEHICLE	ed two times on a nonrepairab		VEHICLE IDENTIFICATION NUMBER (VIN)			
STATE OF LAST REGISTRATION	DF LAST REGISTRATION DATE REGISTRATION EXPIRES		CLAIM NUMBER				
COST/VALUE	T/VALUE DATE WRECKED OR DESTROY!		DATE STOLEN DATE RECOVE		DATE RECOVERED		
Surgical Strip	Burned Hulk	Owner Deck	ared (CVC	431)	I		
The undersigned certifies nonrepairable vehicle, and				•	•	attached, is	
DATE SIGNATURE OF APPLICANT OR AUTH			ED AGENT				
	Y	X					
PRINTED NAME OF INSURANCE COMPANY OR APPLICANT				DL OR ID NUMBER (IF APPLICABLE)			
STREET ADDRESS			CITY		STATE	ZIP CODE	
PRINTED NAME OF AGENT (IF APPLICA:		OCCUPA	TIONAL LICENSE NUMBER	(IF APPLICABLE)			
SECTION 3 — CERTIFIC	CATION OF LICENSE	PLATE DIS	SPOSITION				
The license plates assign	ned to this vehicle:						
Are being surrended Have been lost Have been destroy	eredPla ved (Occupational Licen	sees Only)	Occupational Lice				
certify (or declare) und	 Retained by owner for ler penalty of perjury 	•		e of California t	that the foregoing	g is true an	
correct.							
DATE	SIGNATURE						
	X						



P.O. BOX 942869 SACRAMENTO, CA 94269-0001

FOR OWNER RETAINING SALVAGE VEHICLE:

The Department of Motor Vehicles has been notified that you have retained your salvage vehicle following a total loss settlement with your insurance company. You must apply for a salvage certificate and surrender the license plates assigned to the vehicle, within ten (10) days of the settlement of the loss. If this vehicle is rebuilt and operated on the highway, it must be in safe mechanical condition. Before the vehicle can be reregistered, a vehicle identification number inspection, a brake certificate and a light adjustment certificate will be required. A \$2 fee will also be collected to record salvage information on the vehicle record. Future titles and registration documents will show that this vehicle was "Salvaged." You should inform any potential purchaser of this fact.

FOR OWNER RETAINING NONREPAIRABLE VEHICLE:

The Department of Motor Vehicles has been notified that you have retained your nonrepairable vehicle following a total loss settlement with your insurance company. You must apply for a nonrepairable vehicle certificate and surrender the license plates assigned to the vehicle, within ten (10) days of the settlement of the loss. A vehicle declared nonrepairable may not be titled or registered for use on the roads or highways of California (CVC 11515.2).